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STATEMENT OF DISCLOSURE OF INTERESTS GOVERNOR/GOVERNOR'S CABINET/CABINET LEVEL STAFF 10: 25 CONSTITUTIONAL OFFICERS/GENERAL ASSEMBLY MEMBERS

INSTRUCTIONS: This form is for reporting all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §§ 8-50-501 et seq., 2-10-128 and 2-10-129). Statements of Disclosure of Interests must be filed annually by April 15 with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243 If you have questions, please feel free to contact the Commission at (615) 253-8634 or email us at ethics.counsel@state.tn.us. You must complete items 1-6. If there were no changes in items 7-13 since the previous report, you may check the box in item 14; otherwise, you must complete items 7-13. Disclosure statements must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please note that the information listed on this statement will be posted on the Commission's website as required by T.C.A. §§ 2-10-128(b), 2-10-129(b) and 8-50-501(d)(1).

NOTE: An amended Statement of Disclosure of Interests must be filed whenever reported conditions change due to the termination or acquisition of any interests for which disclosure is required by law.

. DATE OF DISCLOSURE	2. NAME OF OFFICIAL AND TITLE	/POSITION
3-28-07	Jerry Wayne Cooper	
. ADDRESS Street or Rural Route	City	State Zip Code
175 Faith Rae Blvd.,	Morrison	TN 37357
SOURCES OF INCOME	me of more than \$200 for yourself and	

	pe stated.	NONE			· · · · · · · · · · · · · · · · · · ·	<u> </u>
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i. POSITIONS HELD partner, proprietor, or organization or educa position was held. Pos hose solely of an hon	representative of tional institution. I sitions with the fe	any corporation Both the month a deral governmen	, firm, partnership and year must be at, religious, socia	o, business e reported for	nterprise, non the period of	-profit time the
lame of Organizatio	n :	Position	Held		Date Held	· · · · · · · · · · · · · · · · · · ·
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pra de	ETAINER FEES: List any retainer fee you receive from any person, firm or organization which is in the actice of promoting or opposing, influencing or attempting to influence, directly or indirectly, the passage feat of any legislation before the Tennessee General Assembly, its legislative committees or the membe ereof.
N	ONE
	ANKRUPTCY: List any adjudication of bankruptcy or discharge received in any United States district couthin five (5) years of the date of this report.
N	ONE
so	DANS: List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same urce made in the previous calendar year to you, your spouse or minor children residing with you. Loans to be disclosed on this report if they are:
	(1) From your immediate family (spouse, parent, sibling or child); (2) From a federally insured financial institution or made in accordance with existing law in the ordina course of doing business of making loans. The loan must bear the usual and customary rate of interested be made on a basis which assures repayment, evidenced by a written instrument and subject to a dudate or amortization schedule;
	(3) Secured by a recorded security interest in collateral, bearing the usual and customary interest rate the lender made on a basis which assures repayment; evidenced by a written instrument and subject due date or amortization schedule;
4.	(4) From a partnership in which you have at least ten percent (10%) partnership interest;(5) From a corporation in which more than fifty percent (50%) of the outstanding voting shares are ow by you or by your immediate family (spouse, parent, sibling or child).
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N	

15. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

	nation contained in this disclosure s the Conflict of Interest Disclosure A		a complete and
Con W. Co) Op-	4/4/07	
Signature of Official		Date	
/ I, the undersigned, do	hereby witness the above signature	which was signed in my prese	nce.
Sagn M. Balley	2	4/4/01	
Signature of Witness		Date '	
Name of Witness (Printed)			



SS-8004